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Complete if Known Substitute for form 1449/PTO Application Number 10/681,650 Filing Date Oct. 8, 2003 INFORMATION DISCLOSURE First Named Inventor Raymond G. Kairawicz STATEMENT BY APPLICANT Art Unit 1745 (Use as many sheets as necessary) Examiner Name (unknown) Attorney Docket Number 7334-0002

Examiner Initials*	Cite No.'	Document Number  Number-Kind Code <sup>2 (F known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
N/		<sup>US-</sup> 6432572	08/13/2002	YOSHIDA et al.	
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		<sup>US-</sup> 6333124	12/25/2001	MORIWAKI et al.	
		<sup>US-</sup> 6258480	07/10/01	MORIWAKI et al.	
		<sup>US-</sup> 6248472	06/19/2001	KELEMEN	
		US- 6007936	12/28/1999	IWASE et al.	
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		FORE	IGN PATENT DOCU	MENTS		
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T⁰
		Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>3</sup> (if known)				
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